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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10540303 | <b>Applicant(s)/Patent Under Reexamination</b><br>FOURNEL ET AL. |
|   | <b>Examiner</b><br>Hsien-ming Lee          | <b>Art Unit</b><br>2823  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 438                       |  | 455      |  |  |  | H                            | O | I | L | 21 / 39 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 438                       | 458                                      | 459      |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 257                       | E21.459                                  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/Hsien-ming Lee/<br>Primary Examiner Art Unit 2823<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>31<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 12 |  |
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